

Amendment**TOWNSEND and TOWNSEND and CREW LLP**Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
(415) 576-0200

In re application of: PUNNONEN et al.

Application No.: 09/247,886

Filed: February 10, 1999

Group Art Unit: 1632

For: TARGETING OF GENETIC VACCINE VECTORS

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231Attorney Docket No. 18097-030200USDate: August 28, 2000

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231*RECEIVED*Signed: Jana Jane SEP 14 2000

Sir:

TECH CENTER 1600/2900

Transmitted herewith is an amendment in the above-identified application.

[X] Enclosed is a petition to extend time to respond.
 [] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
 [X] Response to Restriction Requirement and Preliminary Amendment.

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	58*	MINUS	** 50	= 8
INDEP.	10*	MINUS	*** 9	= 1
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE	RATE	ADDIT. FEE
x \$9.00 =		x \$18.00 =	\$144.00
x \$39.00 =		x \$78.00 =	\$78.00
+ \$130.00 =		+ \$260.00 =	
TOTAL ADDIT. FEE		TOTAL	\$222.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[X] Claims fee \$ 222.00
 [X] Any additional fees associated with this paper or during the pendency of this application.

2 extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

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Attorneys for Applicant